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FELIXSTOWE URBAN DISTRICT COUNCIL



ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
and
SANITARY INSPECTOR
for year
1951



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PUBLIC HEALTH OFFICERS AND STAFF

Medical Officer of Health

C. H. Imrie, T.D., M.B., Ch.B., D.P.H.

Sanitary Inspector

Robert Greenwood, C.R.S.I., M.S.I.A.

Clerk

Miss D. M. Newson. (Left December 12th)

The Chairman and Members,
The Felixstowe Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have great pleasure in submitting my Annual Report for 1951. In this report I have endeavoured to draw as ample and detailed a picture as possible of the various health factors in the town, and have also tried to show the trends of any changes against the background of previous years.

For many years now the Public Health Organisations of the country have laboured to eradicate disease by removing faults in the environment of the community and by improving general education in matters of health and hygiene. A comparison of the vital statistics over 50 years is illuminating and illustrates the success of these efforts.

Recently however the accent has been transferred to the cure of disease. This policy is expensive, as is shown by the increasing costs of the health services, and is to my mind not going to produce anything resembling the results which have been obtained in the past by purely preventative methods. There can be little doubt that a time will come sooner or later when it is again realized that prevention is better and in the long run cheaper than cure.

I would like to take this opportunity to thank both Councillors and Officials for their continued confidence and assistance during the year.

I am,

Your obedient Servant,

C. H. IMRIE

Medical Officer of Health.

CONTENTS

	<u>Pages</u>
Birth Rate	1, 2, 4.
Camping	28
Clean Food Byelaws ..	31
Death Rate	1, 2, 4
Death, Causes of	3
Diphtheria Immunisation	12, 13, 14.
Disinfections	37
Factories Act	26, 27.
Food	16
Food Condemnations ..	31, 32.
Food Premises	33, 34, 35.
Health Services	17
Housing Acts	24
Housing Statistics ..	15
Ice Cream	29, 30
Meat Inspection	31
Milk and Dairies	28, 29.
National Assistance Act	18
New Legislation	18
Notifiable Disease ..	5, 6, 7, 8, 9.
Rat Destruction	36
Rag Flock Act	32
Sanitary Inspection of the Area ..	24, 25.
Sewerage	24
Shell-fish Regulations	37
Shops Act	25
Sunshine and Rainfall	19
Swimming Pool	37
Tuberculosis	10, 11
Vital Statistics	1, 2, 3.
Water (a) Sampling	21, 22, 23.
(b) Supply ..	17, 20, 23

STATISTICS

General Statistics

1.	Area of District in Acres	4,281
2.	Number of inhabited houses	4,475
3.	Density of population - persons per acre	3.5
4.	Average number of persons per house	3.3
5.	Rateable Value of District	£160,443
6.	Sum represented by Penny Rate	£640

Vital Statistics

Summary covering Five Years.

	1951	1950	1949	1948	1947
Population	15200	14680	14330	13630	12938
Live Birth Rate per 1000 population	14.01	17.23	17.72	20.61	27
Still Birth Rate per 1000 population	0.46	0.40	0.34	0.29	*
General Death Rate per 1000 population	14.40	13.55	14.09	11.8	14
Infantile Death Rate (under 1 year) per 1000 Live Births	37.3	27.66	11.81	31.57	30

* figures not available

1. LIVE BIRTHS

	Male	Female	Total
Legitimate	119	82	201
Illegitimate	4	8	12
			213

Live Birth Rate per 1000 population - 14.01
 Comparability factor applied - 13.8
 Live Birth Rate, England & Wales - 15.5

2. STILL BIRTHS

	Male	Female	Total
Legitimate	3	4	7
Illegitimate	-	-	-
			7

Still Birth Rate per 1000 population - 0.46
 Still Birth Rate, England & Wales - 0.36

3. DEATHS, ALL CAUSES

	Male	Female	Total
	100	117	217

Death Rate per 1000 population - 14.40
 Comparability factor applied - 11.23
 Death Rate, England & Wales - 12.5

4. DEATHS FROM PUERPERAL & OTHER MATERNAL CAUSES

NIL

5. DEATHS OF INFANTS UNDER 1 YEAR.

Male	Female	Total
6	2	8

Rate per 1000 live births - 37.3
Rate per 1000 live births; - 29.6
England & Wales

6. CAUSES OF DEATH

Code No.	Disease	Male	Female	Total
9	Infective & parasitic diseases	-	2	2
10	Malignant neoplasm, stomach.	2	3	5
11	Malignant neoplasm, lung, bronchus	4	3	7
12	" " breast		1	1
13	" " uterus		5	5
14	Other malignant & lymphatic neoplasms.	13	4	17
16	Diabetes	1	-	1
17	Vascular lesions of nervous system	12	24	36
18	Coronary disease, angina	16	8	24
19	Hypertension with heart disease	9	8	17
20	Other heart disease	9	23	32
21	Other circulatory disease	2	5	7
22	Influenza	3	6	9
23	Pneumonia	3	3	6
24	Bronchitis	5	8	13
25	Other diseases of respiratory system	2	-	2
26	Ulcer of stomach and duodenum	1	-	1
27	Gastritis, enteritis & diarrhoea	4	3	7
28	Nephritis and nephrosis	3	4	7
29	Hyperplasia of prostate	1	-	1
31	Congenital malformations	1	1	2
32	Other defined & ill-defined diseases	6	6	12
33	Motor vehicle accidents	1	-	1
34	All other accidents	2	-	2
TOTALS		100	117	217

7. AGE AT DEATH

0-4	5-9	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
10				4	3	4	15	31	83	54	13

COMMENT ON STATISTICS

POPULATION

The population of Felixstowe has increased very steadily since the end of the war and has now reached the figure of 15,200. There is no reason to think that this growth will not continue in coming years.

BIRTH RATE

The general birth rate during 1951 was 14.01 per 1,000 population compared with 15.5 for England and Wales, the small disparity probably being accounted for by the small size of the population under consideration.

DEATH RATE

A death rate of 14.4 per 1,000 population is rather above 12.5, the figure for England and Wales. A comparability factor of 0.78, however, reduces this figure to 11.23. This factor is a means by which populations of dissimilar character may be rendered comparable for statistical purposes.

INFANTILE MORTALITY

There were 8 infantile deaths, and of these 7 were from a Children's Home and were associated with an outbreak of gastroenteritis, while the remaining case was a premature baby who succumbed on the 4th day.

The number of deaths of infants under 1 year of age is rather above what we might expect for a population of the type under consideration.

NOTIFIABLE DISEASE

The general trend of infectious disease in England and Wales during the past 50 years has been, broadly speaking and with certain exceptions, towards a decrease in most infections.

Not only has there been a decrease in the number of cases but there has been even more definitely a decrease in the severity and consequently in the death rate for many of the infections. The reasons for this decline in incidence and severity are complex. There is no doubt that far better standards of hygiene, greater familiarity with the laws of health, adequate food and clothing and more enlightened handling of the sick, play their part, but this is not the whole story. The history of the human race is to a great extent the history of a battle against disease with the advantage going now to one side and now to the other. The Red Hand of War has slain its millions but they are as nothing compared with those who have been wiped out by epidemics. We must remember that it was only as recently as 1918 - 19 that we had what was probably the greatest and most deadly epidemic of all time when influenza swept over the whole world leaving over twenty million dead in its trail. It must also be remembered that in communicable disease we are dealing with a race of living organisms which may be undergoing evolution at a much more rapid rate than we are, so that the possibility of fluctuations in attacking power and virulence may be anticipated, with subsequent epidemics at intervals.

One of the diseases which has increased within the last few years is poliomyelitis. This infection has been well recognized for over half a century but until recently occurred comparatively infrequently in the British Isles. In 1947 however, an upsurge of infection produced many cases throughout the whole country, but although the attack rate was increased many times it did not exceed two or three per thousand of the population.

Another type of disease which is potentially full of menace is smallpox, which has been introduced into the country from time to time recently. There are two forms of this disease, one comparatively mild with a low death rate, and the other severe and taking a heavy toll of life. Most of the smallpox in this country, during the last half century has been mild in character with a death rate of only three or four per thousand cases, but from time to time we have had outbreaks, mainly imported, of the virulent type with a death rate of one or two out of every five cases.

The speed of modern travel has vastly increased the chance of the introduction of the infection from abroad. It is possible to become infected in say, India, and travel to England long before any sign of the disease becomes manifest. This has been well illustrated by recent outbreaks of virulent smallpox in Glasgow and Brighton, due to importations. It is unfortunate that smallpox is one of the most highly infectious of diseases so that a person bearing the infection is usually the originator of an outbreak if not isolated promptly, the spread being of course made easier by the low state of vaccination of the population as a whole. It will be remembered that the National Health Service Act, 1946, put an end to compulsory vaccination and abolished the post of Public Vaccinator.

Vaccination, done in infancy and repeated at suitable intervals, is still undoubtedly the surest protection against this disease.

Infectious disease in Felixstowe during 1951 was more prevalent than during the previous year, measles accounting for the disparity.

MEASLES

It has long been recognised that this infection comes in cycles, the duration of which seems to be variable. The present figures would indicate that maxima occur every third year in Felixstowe. In 1951 the record number of 371 notifications were received, mainly relating to children of the 5 - 10 years age group.

WHOOPING COUGH

For some reason the past 4 years seem to have been remarkably free from this distressing disease. This is a matter **for** some satisfaction, as whooping cough is one of the most debilitating of the childish infections.

DYSENTERY

During the first half of the year there were several minor outbreaks of sonne dysentery. These appeared to coincide in time with increased prevalence outside the district. In February there was a small group of 3 cases

among patients at a convalescent home, while in March a group of 8 cases, 4 of whom were in one family, occurred. Other sporadic cases turned up from March to June. None of the cases seems to have been severe and as far as could be ascertained there was no inter-connection between the various outbreaks.

FOOD POISONING

Only one case of food poisoning was notified in the district during 1951. The case was that of a man who, two hours after consuming some cold mutton hash, was seized with symptoms. Investigation showed the presence of *Staphylococcus Aureus*. Unfortunately no sample of food remained for examination. It is probable, however, that the mutton hash, which had been cooked 4 days previously, was the culprit. The wife also had symptoms and both made a speedy recovery.

OUTBREAK OF GASTROENTERITIS.

This covered the period for early January to the end of March and took place in an Infants' Home. There were 7 cases of whom only one recovered.

The main characteristics of the outbreak were that it only affected children under 4 months old and that it had an extremely rapid onset and in spite of most energetic treatment was rapidly fatal. With one exception all died in hospital.

A considerable amount of investigation was carried out into the method of handling the babies and their feeding utensils and food. The staff received a bacteriological check-up but there was no definite evidence as to the source of infection. The question of the type of infecting organism was also rather in doubt. No definite pathogenic organism was found but several of the reports mentioned profuse growth of *Bacillus Proteus vulgaris* while the presence of an unusual type of *Bacillus Coli* (Type D 433) was demonstrated in several cases. This latter organism has been associated in other parts of the country with outbreaks of gastroenteritis.

With regard to the origin of the infection it seemed most probably that it was introduced by a new admission.

With the object of preventing further outbreaks it was arranged that all admissions, in addition to a period of quarantine on arrival, should have a bacteriological investigation before going among the other babies.

DIPHTHERIA

It is of interest to record that the last case notified in Felixstowe was in 1948.

The following tables deal with the incidence of notifiable disease during 1951 in Felixstowe.

MONTHLY TOTALS OF NOTIFICATIONS OF INFECTIOUS DISEASES

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dysentery		5	9		4	1						
Erysipelas								1				
Food Poisoning		1										
Measles		8	54	180	116	10	2	1				
Pneumonia			1									
Puerperal Pyrexia					1						2	1
Scarlet Fever				1			1					
Whooping Cough				1	2	3				2		

NOTIFIABLE DISEASES.

NON-TUBERCULOUS

	Age in Years									Total 1951	Total 1950	Total 1949	Total 1948
	0-	1-	3-	5-	10-	15-	25-	45-	65-				
Diphtheria										-	-	-	1
Dysentery		3		8	2	1		4	1	19	1	-	-
Erysipelas									1	1	1	1	-
Food Poisoning									1	1	1	26	-
Measles	4	75	85	197	7		3			371	44	12	269
Pneumonia									1	1	1	1	-
Puerperal Pyrexia						4				4	-	-	-
Scarlet Fever				2						2	14	14	6
Whooping Cough	2	1	3	2						8	16	26	8

TUBERCULOSIS

The number of cases on the register has steadily increased during the quinquennial period. This is probably due mainly to better methods of ascertainment and diagnosis particularly by routine X-Rays, follow up of contacts and mass miniature radiography.

Notwithstanding this increase in the number of cases, the death rate has continued to fall steadily. In 1951 there were no deaths from tuberculosis.

TUBERCULOSIS TABLES FOR 1951

TABLE 10. 1.

	MALES		FEMALES		TOTAL
	Pulm.	Non Pulm	Pulm.	Non Pulm.	
Number of cases of Tuberculosis on Register on 1st January, 1951	27	11	24	8	70
Number of cases notified under Regulations for the first time during the year.	14	4	4	2	24
Number of cases restored to Register having been removed in a previous year	-	-	-	-	-
Number of cases added to Register and brought to notice otherwise than by formal notification	-	-	3	-	3
Number of cases removed from Register during year	6	2	2	2	12
Number of cases remaining on Register at end of year	35	13	29	8	85

Reasons for Removal from Register

Removed from District	5
Recovered	7

Tuberculosis, in spite of the immense efforts that have been and are being made to control it, remains one of our greatest problems. Medically it is a disease which is probably more difficult to detect at an early stage than any other common infection, and once it becomes obvious it is only too often difficult to treat successfully. Sociologically and economically tuberculosis is an even greater problem.

The long drawn-out course of months, or even years, which is run by a case, imposes on the economic life and structure of the family a strain which leads almost inevitably to some lowering of the living standards, especially when the victim is the breadwinner of the household. Even where the disease at length becomes arrested and health is recovered the patient only too often finds that his employment has become unsuitable for him in one way or another and he has to start to learn a fresh trade.

In the past efforts at control have been concerned mainly with the removal of the patient for isolation and treatment, and the observation of contacts. Up to a point this was satisfactory but it did not go far enough. More positive action was necessary. The recent introduction of B.C.G. - a vaccine which was first elaborated over a quarter of a century ago and has been used successfully in Scandinavia for many years, should have a beneficial effect in protecting those in danger of infection.

Early diagnosis has been greatly facilitated by the increasing use of Mass Miniature Radiography. This measure has great possibilities and will undoubtedly play a big part in the campaign against tuberculosis.

One reservoir of infection which has so far resisted complete eradication is in the country's milk supply. There can be no doubt that tuberculosis still occurs from time to time among milk herds. Fortunately it is not frequent but the fact that it does occur is important.

TABLE 1.0. 2.

TUBERCULOSIS RATE & TUBERCULOSIS DEATH RATE
OVER QUINQUENNIAL PERIOD

	1947	1948	1949	1950	1951
Tuberculosis Rate per 1,000 Popn.	4.4	4.2	4.6	4.7	5.5
Tuberculosis Death Rate per 1,000 popn.	0.38	0.29	0.73	0.12	0
Total deaths from tuberculosis	5	4	2	2	0

The problem of tuberculosis will not be an easy one to solve. I am convinced, however, that the answer will be more in the region of prevention than of cure. Improvement of living facilities, reduction of overcrowding, adequate good food and fresh air and healthy surroundings generally at work and in the home will do more to stamp out this dreadful scourge than will all the latest methods of treating manifest disease.

IMMUNISATION

Between 1861 and 1870 the yearly average death rate from diphtheria among children under 15 years of age was well in excess of 1,000 per million. As the nature of the infection became more generally recognized and as the general standards of hygiene and nursing improved, this death rate fell gradually and by 1921 - 30 it was around 300 per million children under 15.

The fall was accelerated in the early years of the war by the general adoption of artificial immunisation throughout the country. By 1946 the diphtheria death rate under 15 had fallen to around 40, and in 1950 to 4 per million.

more or less parallel with the decline in mortality there has been a fall in the incidence of the disease throughout the country. The following tables demonstrate the regularity and extent of this change.

Diphtheria Cases Notified.

<u>Year</u>	<u>England and Wales</u>	<u>Year</u>	<u>England and Wales</u>
1944	23,199	1948	3,575
1945	18,596	1949	1,890
1946	11,986	1950	962
1947	5,609	1951	699

While it cannot be claimed that this dramatic fall in mortality and morbidity from diphtheria is entirely due to any one factor, there can be no doubt that the policy in the past of rigorous isolation and neutralisation of each source of infection as it was discovered has borne fruit. This policy however, although effective up to a point, did not legislate for undiscovered sources of infection and was therefore bound to allow of the appearances of occasional outbreaks.

The theory of artificially raising the resistance of the community against the disease only became a reality early in the war when the immunisation campaigns were instituted. The results of these campaigns, although they did not gain 100% acceptance from the population, were so striking that diphtheria has virtually ceased to be a factor in the community. This result must not, however, lull us into complacency because in conferring an artificial protection we have removed all chance of the children gaining a natural immunity by contact with sub-infective doses of the disease, and if immunisation should from any reason fall below a certain level, there is every chance of the recrudescence of diphtheria.

To protect a community against epidemic diphtheria it is necessary to have a certain percentage of the members immune to the disease. It has been calculated that if a minimum of 3 children out of every 4 are immunised we can fairly safely regard the community as being protected.

The state of immunisation in Felixstowe is as below:-

	1951	1950	1949	1948
Percentage of pre-school children immunised.	63.8	65	59.8	39.6
Percentage of all children immunised.	59.2	66	62.8	54.6

It will be observed that the acceptance rate has not increased materially during the past 3 years and it is to be hoped that realisation of the importance of this protective measure will produce a higher percentage of acceptance. One still encounters parents who adopt the attitude that they do not believe in immunisation. It is to be presumed their disbelief also extends to diphtheria.

Much public interest and anxiety has been aroused by various statements which have appeared in the press and elsewhere suggesting that there is a casual relationship between prophylactic injections and poliomyelitis. A considerable amount of investigation has been conducted on this subject by the Medical Research Council and briefly the position may be summarised as follows.

The small amount of injury and irritation which is inflicted at immunisation seems, if the child becomes infected with poliomyelitis within a short time, to determine the onset and site of paralysis. This determining effect however, is not confined to immunising injections and is produced by other minor injuries and excessive strains such as are sustained in some of the more vigorous games. It is probable however, that this effect is only produced when the person becomes infected within a month of the injection or injury.

It is regarded expedient to discontinue immunisation during any period of undue prevalence of Poliomyelitis according to the advice of the Ministry of Health. It must be emphasized however that there is no evidence whatever that immunisation causes poliomyelitis or even attracts it.

HOUSING

In my report for the year 1948 and in those for subsequent years I dealt at length with the housing problem and its importance to the well-being of the community. I will therefore merely state the present position.

The housing statistics below indicate that the building programme in the town has been pursued actively. During 1951 76 new council houses were erected and bring the total for the four years 1948 to 1951 to 256. While this is satisfactory as far as it goes, the fact that the waiting list for rehousing remains over 500 points out that greater acceleration is needed to wipe off the list..

Housing Statistics.

Number of inhabited houses (approx) 4475

Average number of persons per house 3.3

	1951	1950	1949	1948
New houses built by the Council	76	56	48	76
Houses built or converted privately	9	16	13	18
	85	72	61	94

Although the above figures do not indicate any general degree of overcrowding, there are throughout the town individual cases where two or more families are living in accommodation which was never intended for separate families. This position suffers a seasonal aggravation as the summer visitors appear and every available room is earmarked for their use.

FOOD

- It is unfortunate that many of our most popular types of food form excellent vehicles for the propagation of disease-producing germs.

Food-borne disease, although in theory easy to control, can in practice be an extremely difficult problem, as the vast majority of outbreaks are due to the accidental and unrecognised contamination of food, usually by the hands of a carrier of infection while either preparing or otherwise handling the food.

The surest protection against food poisoning undoubtedly lies in the direction of raising the standard of technical education among food handlers. The employee who is keen and intelligent will see that there is no chance of contamination of the food which he handles and will take pains to study the subject of food infections so that he can guard against them.

Indeed it is in the interest of all proprietors of restaurants and food shops to give active help to their employees in improving their knowledge in this direction and it is the duty of Local Authorities to assist any steps in this direction.

Felixstowe, with its holiday catering industry, is in the position of being very dependent upon popular favour, which to some degree is influenced by the standards of catering which prevail. In this connection I would call special attention to the portion of the Report of the Sanitary Inspector dealing with handwashing and washing up in restaurants. I feel that this is a subject of some considerable importance and that a field is open here for health education and propaganda.

During the year the Council sponsored a public meeting which was intended primarily for those interested in Food Hygiene. A demonstration and explanatory talk were followed by instructional films. The meeting was well attended and I think served to stimulate interest both in the industry and among the general public.

This type of education is, I feel, useful, but is only too frequently preaching to the converted, as those whom we wish to influence are not eager to attend such affairs.

WATER

The water supply of Felixstowe is a subject which I have discussed in previous reports and Mr. Greenwood has dealt with the subject at length in his current report to which reference should be made.

Pollution of the Felixstowe water supply is fortunately a rare occurrence so the contamination of the mains during the year is of considerable interest.

In September a routine examination of the Town's water revealed the presence of contamination with B. Coli. The Water Company was informed and energetic measures were put in hand to combat and eliminate this danger. A meeting took place and was attended by Mr. Greenwood and myself and the representatives of the Water Company. The whole question of the water pollution was fully discussed and measures to prevent any recurrence were decided upon.

HEALTH SERVICES.

The Local Health Authority is the East Suffolk County Council, which body administers the services listed in Part III of the National Health Service Act 1946, while the administration of the hospitals is under the Regional Hospital Board.

The hospital facilities in Felixstowe appear to be adequate for the present population, but there is a definite need for one or more maternity homes to cater for the lower income groups. The facilities in Ipswich and elsewhere, although probably adequate when the region is considered as a whole, are too far away for many mothers to go willingly. Next to Ipswich, Felixstowe is far and away the largest and most important town in the southern part of the county and would make an ideal setting for a well run maternity home.

NEW LEGISLATION, etc.

The Public Health (Leprosy) Regulations, 1951, came into force on 22nd June. These regulations require a medical practitioner **who** attends a case of leprosy to notify the Chief Medical Officer of the Ministry of Health.

The Puerperal Pyrexia Regulations, 1951, came into force on 1st August and replace the previous regulations, but continue their effect. The definition of Puerperal pyrexia is modified.

Dogs in Food Shops

On the suggestion of the Minister of Health the Council authorised the Medical Officer of Health to issue notices advising the public against taking dogs into Food Premises.

National Assistance Act, 1949

No action under Section 47 was necessary during the year.

SUNSHINE AND RAINFALL

"Tis the hard Grey Weather
Breeds hard English men"
Kingsley.

	Sunshine Hours	Rainfall Inches		Sunshine Hours	Rainfall Inches
January	53.5	1.66	July	237.8	2.12
February	68.1	3.55	August	176.3	3.16
March	106.8	2.53	September	151.1	2.87
April	192.7	1.92	October	141.6	0.72
May	190.6	1.78	November	60.8	2.96
June	275.3	1.31	December	60.9	1.61

Average hours of sunshine per day

Total inches of rainfall for year

1951	1950	1949
4.7	4.4	4.5
26.19	18.93	18.53

I am,

Your obedient Servant,

G. H. IMRIE

Medical Officer of Health.

FELIXSTOWE URBAN DISTRICT COUNCIL
ANNUAL REPORT OF THE SANITARY INSPECTOR
FOR THE YEAR 1951

Mr. Chairman, Ladies and Gentlemen,

283 complaints were received during the year.

184 notices were served; 181 informal and 3 statutory.
(2 Housing Act, 1 Public Health Act.)

WATER SUPPLY

For over 50 years Felixstowe has been supplied with water from wells in the deep chalk, the last of which was sunk at Rushmere about 35 years ago. With the sewerage of Trimley and the neighbouring parts of the Deben Rural District the Water Company found it necessary to augment the supply and in 1938 waterworks were established at Bucklesham and Newbourne for collecting, purifying and distributing water from the Mill River and the Newbourne stream, tributaries of the Deben fed by crag springs.

Purification is carried out as follows. Water is pumped from the streams into a filtration plant which consists of sedimentation tanks, aeration cascade, filter beds and a contact tank for the water to rest under chlorination. On entering the sedimentation tanks a precipitant (iron alum) is added and by this means larger suspended particles of matter are removed. From the sedimentation tank the water passes through filter beds consisting of pebbles, crag and fine sand in successive layers. As it leaves the filters it is chlorinated and then passes into a 200,000 gallon contact tank. Here it rests for a minimum of 2 hours for the chlorine to do its work of purification. The minimum amount of residual chlorine in the water as it leaves the filtration plant for the mains is 0.2 parts per million and this is controlled by a daily check. The raw waters are sampled monthly by the Water Company. (The source is outside the boundaries of the Urban District.)

Two samples of water were submitted for Chemical examination during the year. There was no material variation in the reports and a copy of the later one is as follows:-

Analysis of a sample of water labelled "Tap in Town Hall lobby from main supply" received from the Felixstowe Urban District Council on 28th August, 1951.

Chemical Results in parts per Million

Appearance - Bright with a few mineral particles.

Colour.....	Less than 10	Turbidity.....	Less than 3
pH.....	7.8	Odour.....	Nil
Electric Conductivity.....	450	Free Carbon Dioxide.....	3
Chlorine present as Chloride.....	29	Total Solids.....	300
		Alkalinity as Calcium Carbonate.....	135
Hardness... Total	215, Carbonate	135, Non-Carbonate.....	80
Nitrate Nitrogen.....	6.4	Nitrite Nitrogen.....	Less than 0.01
Ammoniacal Nitrogen.....	0.000	Oxygen Absorbed.....	6.20
Albuminoid Nitrogen.....	0.000	Residual Chlorine.....	Absent.
Metals..... Iron.....	0.03	Other Metals.....	Absent.

This sample is practically clear and bright in appearance, has a reaction on the alkaline side of neutrality and is free from metals apart from a negligible trace of iron. The water is hard in character but its hardness and its content of mineral and saline constituents in solution are not excessive and its organic quality is of the highest standard.

These results are indicative of a water which, from the aspect of the chemical analysis, is pure and wholesome in character and suitable for drinking and domestic purposes.

(signed) ROY C. HEATHER
for THE COUNTIES PUBLIC HEALTH LABORATORIES
66, Victoria Street, London, S.W.1.

7th September, 1951.

19 samples were submitted for bacteriological examination, 6 of them being unsatisfactory.

The large number of samples taken for bacteriological examination is the result of two taken in September showing the presence of faecal coli. The water Authorities were at once notified and their Analyst and Engineer took samples at various points in the Town confirming this result. The Company acted with great promptitude having the mains flushed out, chlorination stepped up and further investigations made. It was possible, by cutting off all chlorination, to get samples of raw water from various points of the system during the night and later to reduce the dosage to normal.

It is believed that the cause of the entry of the coliform organisms was the large number of connections made to the mains on the new housing estates, and these are all now made under pressure. A number of samples were taken by me during these investigations independent of the Water Company and also some in association with the Water Company's officials. All the samples taken after the heavy chlorination and flushing out of the mains were found to be satisfactory, and I continued to take them at frequent intervals to the end of the year. A copy of a Report on one taken after the above infection had subsided is as follows:-

Bacteriological Examination Report

Water from Deep well and river, sample taken from Felixstowe Main Supply. Tap in lobby, Town Hall, Felixstowe. Collected on 24th October, 1951.

Plate Count. Yeastral agar 2 days 37° aerobically....0 per ml.

" " " " 3 " Room Temperature....1 per ml.

Probable No. of coliform bacilli, MacConkey 2 days, 37°C -
per 100 ml.....Nil.

Remarks

Bacteriological findings highly satisfactory.

(signed) J. SYKES.
M.O. i/c P.H. Laboratory.

There are 5 houses and one hotel (the latter shortly to be made into offices) within reach of the mains but not connected to the town supply. There are only 3 houses receiving mains supply not provided with indoor taps. Stand pipes are used only at Felixstowe Ferry by a few shacks, houseboats and yachtsmen, and of course holiday camping sites. The average Felixstovian uses 21 gallons of water per day.

Private Wells

Samples were taken as follows:-

Dairy - Using its own deep well water. 2 samples, both satisfactory.

Brickyard Cottages, The Avenue

Private well serving four cottages. This well, which gave trouble last year, has been cleaned out and protected against surface pollution. One sample taken showed great improvement over the previous year but was still below standard for a shallow well supply. No alternative supply is available.

Felixstowe Dock Supply

This supply is from a land spring and is piped about two miles to the Dock where it is sold to ships calling there to an amount averaging about 50 tons of water per week. Up to about 18 months ago this water was sold raw, but then came under suspicion and the Dock Company put in a chlorinating plant. 6 samples were submitted for bacteriological examination during the year, 5 satisfactory and one a little below standard owing to insufficient dosage of chlorine.

Girls' Boarding School

This school is now supplied from a bore in place of the old shallow well. 3 samples were taken, all satisfactory.

Boys' Boarding School.

2 samples taken, both satisfactory.

Properties in Ferry Road, Felixstowe, including the Elementary School, previously reported as being supplied by wells liable to pollution, have been further considered by the Council and arrangements have now been made to extend the water mains. This notable improvement should take place early in 1952.

SEWERAGE

An extension of the sewer in Ferry Road was made during the year and 12 houses formerly on cesspools were connected to it.

HOUSING ACTS

42 informal notices and 2 statutory notices were served under these Acts during the year. Works and repairs totalling a cost of £110 - 0 - 0d were carried out by the Council in default of the owner.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS

Houses inspected under P.H.A. and H.A.....	69
Inspections made for the purpose.....	357

PUBLIC HEALTH ACT

Bakehouses.....	39
Fishfryers and Fishshops.....	46
Beach hut sites.....	33
Stables, Piggeries and keeping of Animals.....	16
Overcrowding.....	3
Refuse Accommodation.....	8
Ice Cream Manufacturies (Inspections and Visits for Samples).....	93
Tents, Vans and Camping Grounds.....	153
Sanitary defects and nuisances.....	136
Accumulations.....	24
Smoke observations.....	13
Houses re Vermin.....	13
Cesspools and Septic tank installations.....	30
Sanitary accommodation.....	13

MILK AND DAIRIES

Dairies and Milkshops.....	37
Samples of milk taken.....	16

MEAT

Slaughterhouses.....	8
Butchers shops.....	80

Carried Forward 1,187

Brought forward 1,187

FACTORIES ACT

Factories and Workshops..... 106

DRAINS

Inspected..... 216
Tested with water..... 126
Tested with smoke..... 27

MISCELLANEOUS

Water Samples..... 32
Shops Inspected (Shops Act)..... 12
Food Inspections..... 82
Rat Infestations..... 15
Water Supply, Wells, etc..... 39
Food Preparing Premises..... 93
Mosquitos..... 2
Swimming Pool..... 6
Infectious Diseases..... 29
Food Poisoning..... 5
Houseboats..... 5
Rag Flock Act..... 4

1,986

SHOPS ACT

Under this Act the Council are responsible for heating, ventilation and sanitary accommodation at shops, and the County Council, as the authority for the Shops Hours Act, for washing accommodation and the taking of meals in shops. In all shops where food is handled for sale the provision of suitable washing accommodation for shop assistants, with hot and cold water, may be required under other Acts operated by the Council and so far as the writer is aware such facilities have now been provided at all food shops in the town.

No. of shops inspections during the year - 12
Contraventions found and remedied - 1
(No separate sanitary accommodation
for sexes)

FACTORIES ACTS 1937 & 1948

PART 1 OF THE ACT

1. INSPECTIONS for the purpose of provisions as to health
(including inspections made by Sanitary Inspectors)

Premises	No. on Register	Number of		
		Inspect- ions.	Notices	Occupiers Prosecuted.
Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities (Workshops)	35	24	4	-
Factories not included in (i) in which Sec. 7 is enforced by the Local Authority. (Factories)	71	82	5	-
Other premises in which Sec. 7 is enforced by the Local Authority. (excluding out-workers' premises)	-	-	-	-
TOTAL	106	106	9	Nil

Part 2 of table overleaf

2. Cases in which defects were found

Particulars	Number of cases				
	in which defects were found				in which prosecutions were instituted
	Found	Remedied	Referred to HM Inspector	by HM Inspector	
Want of Cleanliness	2	1	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable Temperature	-	-	-	-	-
Inadequate Ventilation	1	1	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) insufficient	2	1	-	-	-
(b) unsuitable or defective	4	4	-	-	-
(c) not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	9	7	Nil	Nil	Nil

CAMPING SITES

The number of sites licensed for camping under the Public Health Act, 1936, Section 269, during the year is shown below.

Licences to use land as sites for moveable dwellings.	Total No. of Vans thereon.
9	235
Licences to erect vans on particular sites	Total No. of Vans thereon
5	5

One application was refused.

There are eight licensed caravans in the district for the occupation of persons with no other homes, and one unlicensed van (within the curtilage of a dwellinghouse). Application was made for a permanent residential caravan site of 36 caravans, but as noted above was refused by the Council. The six holiday camping sites accommodate from 7 - 138 caravans. All our caravan sites have town's water available and three of them have water closet sanitation. The remainder have chemical closets emptied by the Council three times per week at the height of the season. These camps were all well conducted during the year and were not the subject of complaint at any time.

INSPECTION AND SUPERVISION OF FOOD

MILK AND DAIRIES

There are four registered dairies in the district, three of them dealing in designated milk. Licences for special milks issued during the year were:--

Dealer in Tuberculin Tested	- 2
Dealer in Pasteurised	- 2
Pasteuriser (Licensed by the County Council)	- 1

EXAMINATIONS OF MILK FOR CLEANLINESS

Samples of milk were submitted to the East Suffolk County Laboratory as follows:-

No. of Samples	Type	Methylene Blue Test	Phos-phatase Test	Remarks
7	Pasteurised	Over $\frac{1}{2}$ hour	Group I	Satisfactory
8	T.T.	Over $5\frac{1}{2}$ hrs.	-	Satisfactory
1	T.T.	$2\frac{1}{2}$ hrs.	-	Not Satisfactory

Number of visits paid to dairies - 37

Brucella Melitensis

The Order made last year requiring the milk from a local herd to be pasteurised before sale was rescinded after the animal carrying the infection had been traced and slaughtered.

Designated Milk

By early 1952 all milk sold in the Urban District will be either Tuberculin Tested or Pasteurised or both. There will be no ordinary ungraded milk on sale.

ICE CREAM

There are 8 manufacturers in the district and 44 other registrations for the sale of ice cream. Other premises, hotels, cinemas, clubs, etc., sell ice cream but are not required by law to register.

The following table shows how many samples of ice cream were taken and how they were graded at the laboratory.

Retailer's Code No.	Total No. of Samples taken	LABORATORY GRADING			
		1	2	3	4
		Satisfactory		Unsatisfactory	
1	5	4	-	-	1
2	10	4	2	2	2
3	1	1	-	-	-
4	4	2	1	1	-
7	4	3	-	-	1
9	3	2	1	-	-
11	5	2	3	-	-
15	4	3	1	-	-
16	1	-	1	-	-
17	1	-	-	-	1
18	2	-	-	1	1
19	1	-	1	-	-
20	1	1	-	-	-
21	1	1	-	-	-
22	1	-	-	-	1
TOTALS	44	23	10	4	7

Satisfactory Samples 33 (Grades 1 & 2)
Unsatisfactory " 11 (Grades 3 & 4)

TOTAL 44

B. Coli (faecal) was found in one sample
Staphylococci " " " " "
B. Cereus " " " " "

The Retailers' Code Nos. are the same as previous years.
Nos. 5, 8, 12 and 13 have ceased to manufacture ice cream.

During the year 27 notices were given under Clean Food Bye-Laws, the requirements ranging from general clean-up of premises, inadequate food storage, use of chipped utensils, lack of hand-washing facilities, failure to display notices to structural requirements.

MEAT INSPECTION

The 5 slaughterhouses in the district have not been used since the war except for the slaughter of an occasional householder's pig. 3 Slaughtermen are licensed under the Slaughter of Animals Act.

Carcases Inspected during 1951.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	-	-	-	-	12
Number Inspected	-	-	-	-	12

No condemnations of carcasses or offal were made.

PARTICULARS OF FOOD CONDEMNED DURING THE YEAR.

(a) Goods other than those Tinned or Bottled.

Commodity.	Weight or No. of Blocks.
Meat	42lbs.
Fish	298 lbs.
Cheeses (boxed)	6 $\frac{1}{3}$ lbs
Ice Cream Blocks	36 doz.

(b) Tinned & Bottled Goods.

Commodity	No. of Tins or Bottles.
Milk	72
Meat	87
Fish	21
Preserves	35
Fruit	176
Vegetables	50
Fruit Juices	3
Baby Food	30
Spaghetti	2
Soup	14
Coffee	1
Gravy Powder	118
Pickles	19
Tomato Juice	2
Paste	1
Total	631

A quantity of unsound coconuts (37 lbs.) which were being offered as prizes on a stall in an amusement park were formally seized and condemned by Justices' Order. No prosecution followed.

RAG FLOCK

The Rag Flock and Other Filling Materials Act came into force this year. It is an Act to define standards of cleanliness for filling materials used by upholsterers but it applies only to those making up new materials and exempts from registration premises used for the re-making and reconditioning of any article. All our local upholstery firms come under the exemption.

FOOD PREPARING PREMISES.

In 1950 the new Clean Food Bye-Laws were adopted by the Council. In 1951 the Catering Trade Working Party issued its Report and 1952 is likely to see a Bill laid before Parliament dealing with proposals to change the law so as to make this report effective.

During the year under review 93 visits were paid to food preparing premises, which include cafe kitchens, sausage making premises and everything from whelk boiling to sweet manufacturing. In addition 39 visits were paid to bakehouses, 46 to fish-fryers and 93 to ice cream manufacturies - a total of 271 inspections. No visits have so far been made to licensed premises. A much greater proportion of the time of public health officers is given to food hygiene than before the war. The report of the Working Party on hygiene in catering establishments is an interesting publication and one of much value to Sanitary Authorities. It sets up a "Standard Code" of practice, defining the essential requirements of good practice in catering establishments. No structural requirement is included in this code unless it has a direct bearing on the prevention of infection. The report also sets up a "Target Code" which defines a higher standard of practice not realisable in every establishment but to be aimed at where possible.

The report makes valuable suggestions on structural requirements and the day to day conduct of catering establishments, but these recommendations have not the effect of law and are not enforceable. Experience of the inspection of food preparing premises leads one sooner or later to conclude that whatever training is required by those earning their living in this business, training in hygiene does not seem to form a part of it. Good structural conditions are essential but do not necessarily lead to good practice. Periodic inspections have a salutary effect especially in places where control is most needed, but the real remedy is better training and supervision by the trade itself and there are encouraging signs of this being recognised and acted upon in certain quarters.

Members of the Council might be interested in a few general observations on local conditions in cafes.

Hand-Washing Arrangements.

Scarcely any cafe in Felixstowe has a separate wash-hand basin in the kitchen. For hand washing they use the sink or sinks used for washing up, cleaning of vegetables etc. These are, of course, often not available when needed for personal washing, say after doing some dirty job in the kitchen or using the sanitary convenience. Some cafes have wash hand basins in the W.C. but these are often so situated that the constant hot water supply cannot easily be connected to them and has to be carried in from the kitchen. One can imagine how often this is not done. All the law requires is a supply of hot water to be "within a reasonable distance". A large proportion of cafes have no separate staff lavatories but must share one with the customers, which means that soap and nail brush are constantly disappearing and also that the proprietors do not display the handwashing notice required by the bye-laws, having a natural reluctance to appear to instruct their customers in matters of personal hygiene.

The above are the defects one expects to find in old buildings or buildings adapted to purposes for which they were not originally intended. Every kitchen should have a separate wash-hand basin with constant hot water so that the staff can wash their hands a dozen times a day if necessary. This is, however, not specifically required by law but it may on occasions be obtained by persuasion. There are cafe kitchens, of course, where there is no room for such a convenience or for separate staff lavatories.

Cleanliness of Crockery, Cutlery and Kitchen Utensils.

In the dairy industry, on hill-side farms and in urban bottling establishments, sterilisation of utensils is carried out once or twice every day. This is required by law to be done either by steam or by certain specified chemical preparations approved by the Ministry.

In the catering industry sterilisation is not required by law and there are no such specified and approved preparations. The plate, knife and fork handed to you as a customer, which have been used by all and sundry within the past few days, may have been thoroughly cleansed by approved methods or merely dipped in greasy water and wiped over with a cloth that only adds further bacteriological contamination, on the principle that if they look clean they are clean. Rinsing sinks are very exceptional locally, most cafes use a simple household detergent and materials such as soda, but the use of sterilisers is not common. They are, however, gradually coming into favour and the writer urges their use so far as he can. No great improvement in the routine cleansing of utensils can be expected until there is an amendment in the law. In the dairy industry, which I quote again as the nearest analogy, one can take samples of the finished product, of washings of "clean" churns and bottles, and check up upon the methods used, but there is not the same recognised authority and routine for making similar tests of utensils in restaurants, such as simple swabs of plates, forks, knives, etc. to ascertain how thorough is the cleansing process, though it can of course be done whilst making special investigations.

Local standards behind the scenes in the catering industry are, the writer believes, up to the general standard of the country, and this is in spite of the special difficulties which beset people engaged in this business in a seaside resort. About 30% of work in the industry consists of washing up and in the season this work is almost entirely done by casual workers, who, if checked for a fault, can easily find employment elsewhere and, in consequence, are difficult to control.

A great deal has been said and written in the past few years about the danger of food infection in public eating places. This is an ever present danger and one particularly to be guarded against in a seaside town where a serious outbreak of food poisoning might ruin the season. But food poisoning apart, there is such a thing as fastidious eating and the writer sometimes thinks this is really the strongest case for improving conditions behind the scenes in restaurants.

RAT AND MICE DESTRUCTION

Our present arrangements for rat destruction are that we give free treatment to private houses and charge for business premises. We receive 50% of the expenditure incurred in this service including time spent on surveys and inspections. It is now obligatory for the occupier of any premises to notify the local authority when it comes to his knowledge that rats and mice are living on, or resorting to, his land in substantial numbers.

The result of a survey of all farm lands, 14 in number, in the district is as follows:-

Serviced by private rat catching companies	- 1
Reasonably well serviced by occupiers	- 4
Infested farms in respect of which Notices have been served under the Act.	- 9

Our Rat Catcher is now servicing all of these 9 farms with good results.

The 102 complaints we received during the year related to minor infestations. Premises treated were:-

354 private houses

17 business premises

15 council properties

Sewers were treated once during the year, 30 manholes being test baited. There were no complete takes of bait and only 3 partial takes. We have never found evidence of serious rat infestation in the sewerage system.

SWIMMING POOL

The filtration and chlorination plant at the sea water swimming pool at Manor House was inspected at intervals during the summer season. The pool has a capacity of 268,000 gallons and the water circulates once every 12 hours passing through a sand filter and a chlorinator and thence via the aerator back to the shallow end of the tank. The water usually shows 0.4 parts per million chlorine on a colour test. 2 samples were taken during the year, both showing a high standard of bacteriological purity.

PUBLIC HEALTH SHELLFISH REGULATIONS 1934.

Whelks are obtained from Cobbold's Point and Shingle Street and are sent in considerable quantities to London. None is obtained from grounds liable to pollution. The whelks are cooked before despatch to market. Winkles can be obtained from the estuary of the Orwell where pollution is possible but they are not gathered for trade purposes.

DISINFECTIONS

90 disinfections of rooms, bedding, etc. were carried out during the year.

I am,

Mr. Chairman, Ladies & Gentlemen,

Your obedient Servant,

ROBERT GREENWOOD
C.R.S.I. M.S.I.A.

Sanitary Inspector.

South Beach Mansion,
Bent Hill,
Felixstowe.

March, 1952.

